RE-EMPLOYMENT OPPORTUNITIES (RE-OP) POOL Employee Participation Response Form

The Re-Op Pool is a mechanism for state agencies to access computerized displays of state employees who have be en laid off and desire to return to state employment. Participation in the Re-Op Pool is strictly voluntary. Accordingly, please provide the information r equested below to indicate your desire to be included or not to be included in the Re-Op Pool. The information you provide will be incorporated into a file within the Re-Op database. All state agencies will have access to your file when searching for qualified applicants.

Please return the Response Form to your Agency Human Resource Office with ten (10) days of receipt or as soon as possible thereafter.											
Please check the desired selection											
I would like to be included in the Re-Op Pool								Do not include me in the Re-Op Pool			
The following information is needed regardless of your decision to participate or not to participate. (Please Print)											
Social Security #:			Name:								
		S	Signature:								
The following information is needed only if you decide to participate in the Re-Op Pool. The fields marked with asterisk are required. (Please Print)											
*Home Address:											
* City:				* Sta	ate.		* 7	Zip:			
* Daytime Phone #:		c	Sell Phone #:]		 E-mail Addre					
(xxx)xxx-xxxx			(xxx)xxx-xxxx			E maii / tadi c			7		
* Date of Layoff:		* A	gency Name						* Position i	#:	
Preferred Employment Locations: (You may list a 5 locations or write "Any")	maximum of										
Highest Education Level Completed: (please select one)	Doctorate Bachelors Some Col	i	Degree Progr	A:	ssociate	rofessional ool or Equivalent		Masters No Earned Degree Less Then High		Post Baccalaureate	
Current Certifications	:/Licenses:										
Spe	ecial Skills:										
Role Code Held Prio	or to Layoff:]	SOC Co	ode:				
,	Work Title:										
	Duties:										
Other Knowledge Abiliti	, Skills and es (KSAs):										